

RIIC-4MMDP

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Resources in Integrated Care

FOR MORBIDITY MANAGEMENT AND DISABILITY PREVENTION



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Welcome to Resources in Integrated Care (RIIC) for Morbidity Management and Disability Prevention (4MMDP)

RIIC-4MMDP is a free, open access, online "self-archiving" repository dedicated to sharing best practices, lessons learned, and exploring new strategies for MMDP with the wider MMDP community. The primary goal is to aid countries as they build capacity for planning, implementing, monitoring and evaluating MMDP activities. As acknowledged by others in the fight against disabling diseases, the most important tool for achieving goals in disease control efforts is **knowledge; promoting its enhancement, sharing and utilization** (Koporc 2013). Disease control efforts are enhanced when integrated with MMDP activities (Cantey, Rout et al. 2010).

To achieve its goal, RIIC-4MMDP hopes to centralize all MMDP content with a custom interface that makes it easy to find what you need and to navigate through it (every word in each document is searchable). In addition to published research, content includes contributions developed by National Ministries of Health and Education and practical field materials produced by NGOs and their technical consultants, materials that are not easily accessible and searchable by other means.

Cantey, P., J. Rout, et al. (2010). "Increasing compliance with mass drug administration programs for lymphatic filariasis in India through education and lymphedema management programs." *PLoS Negl Trop Dis* 4(6): e728.

Koporc, K. (2013). Building on Strong Foundations: CWW's First Eight Years, and the Way Forward. *Quarterly Dose, Children Without Worms: Partnership for Treating and Preventing Intestinal Worms*.

Features

- Centralized MMDP resources eliminating the need to search for MMDP materials across disease-specific websites
- Centralized important but hard-to-find and little published "grey" literature
- Enhanced discoverability and visibility of content: refereed and non-refereed articles, guidelines, reports, news, events notices, conference/workshop proceedings, published and unpublished materials, and multimedia (graphics, PowerPoint, video, audio, etc.)
- Permanent preservation of content
- Rapid dissemination through social networking tools like Facebook/Twitter, RSS feeds, email alerts
- Links to existing websites whenever possible
- Evidence-based support and ongoing research for decision-making by program managers, health workers, and scholars alike
- Free, direct contributions to the repository by the MMDP community for both peer-reviewed and non-peer-reviewed materials*

* Content experts are used for editorial review, control, and to assure quality, relevance, and usability.

Definitions

RIIC-4MMDP defines "integrated care" as *patient-centered, community-based health interventions focused on crosscutting issues common to many disabling diseases/chronic conditions*. Integrated care is cost-effective, prevents duplication of services, provides a more uniform approach to early detection and care, and builds synergy among health care workers and within health care systems.

Integrated care promotes:

- Patient-centered care and self-care for chronic conditions
- Integration of MMDP with disease control interventions
- Training affected persons and their families, community volunteers and health workers concurrently to act as a team
- Sustainable interventions and technologies
- Capacity building across the continuum of care

RIIC-4MMDP is the official publisher of materials developed by the **Integrated Care for Morbidity Management and Disability Prevention Initiative** (www.icare4mmdp.org). Contributors of MMDP materials include governments, nongovernmental organizations, multilateral organizations and initiatives, professional organizations, academic and research institutions, and individuals.

Contents

Materials submitted must deal with some crosscutting aspect of community-based morbidity management and disability prevention (as defined above). Contributions to the resource center must not only be relevant to at least one of the six (6) main themes below, but must also be applicable to less-resourced environments ([link to subject tree](#)).

Subject Categories

- Effective community actions to prevent disabling diseases/conditions

Examples:

- clean water
- proper sanitation
- education for healthy living

- Early detection of diseases and harmful conditions in the community

Examples:

- identification of affected persons
- identification of disability
- when/where to refer, etc.

- Community-based treatment, restoration of function, and ongoing care

Examples:

- eye care
- skin and nail care
- wound care and scar care
- edema management
- exercise
- assistive technology, footwear, etc.

- Community actions to improve or eliminate activity limitations and/or participation restrictions

Examples:

- self-care groups
 - community-based rehabilitation
 - prevention of disability committees
 - stigma reduction activities, etc.
- Supportive strategies to strengthen community engagement and improve the sustainability of community-based care

Examples:

- vocational or occupational training
 - leadership training for youth
 - community development programs, etc.
 - empowerment activities, etc.
- Capacity building across the continuum of care

Examples:

- MMDP curricula
- training for health care workers at the referral level
- information and communication technology (mHealth), etc.

Role of the Editorial Team

The RIIC-4MMDP editorial team is made up of either individual content experts and/or individuals that provide a conduit for content experts from one or more of the fields in the defined subject areas. These larger groups are generally comprised of disease-specific or intervention-specific organizations. Thus, the editorial team is made up of committed individuals who contribute significantly to the repository in terms of the volume and the quality of material and/or ensure such contributions for a larger group of stakeholders. In achieving this goal, editorial team members commit to providing staff/students to deposit materials and supervise the process.

Because the editorial team is largely responsible for the content of the RIIC-4MMDP, members are responsible not only for contributions from defined subject areas but encourage contributions from the MMDP community at large. Therefore, the editorial team promotes RIIC-4MMDP at meetings, conferences, and symposia, in related journals and through interactions with the wider MMDP community. The editorial team provides leadership in the use of the repository as a resource for countries and provides feedback on the usability of the repository for continuous quality improvement.

It is not within the scope of editorial team members to evaluate the quality or scientific merit of a creative work. Editorial team members, or the content experts they represent, review and control deposited material to assure quality, relevance, and usability of the materials. They review to assure that:

- Submitted material has been correctly coded for submission (e.g. type of work, published vs. unpublished, etc.)
- Permission has been obtained (if required)
- Submitted materials meet the content specifications in terms of relevance and usability

Editorial Team (TBD)

Represent the following disease/condition-specific groups (TBD)

- Buruli Ulcer
- Chagas
- Cysticercosis
- Dengue
- Diabetes
- FB Trematode
- Guinea worm
- H Afro Trypanosomiasis
- HIV/AIDS

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<http://www.riic4mmdp.org>

- Leishmaniasis
- Leprosy
- Lymphatic Filariasis
- Onchocerciasis
- Podoconiosis
- Rabies
- Schistosomiasis
- Soil-transmitted Helminths & Trachoma
- Traumatic injuries
- Yaws

Represent the following intervention-specific groups (TBD)

- Water, sanitation and hygiene
- Skin care
- Eye health
- Wound care
- Edema management
- Therapeutic Exercise
- Surgical care for morbidity management
- Footwear
- Orthotics
- Mobility aids
- Assistive technology

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Background

- Chronic diseases (heart, vascular, metabolic, immune system, musculoskeletal etc.) are currently the greatest contributors to the global burden of disease because they affect such a large proportion of the population (WHO 2002).
- Infectious, neglected tropical diseases (NTDs) are the most notoriously disabling diseases as a large percentage of persons who contract them are chronically disabled even after successful treatment of the initial infection.
- Low and middle-income countries currently bear 60%-80% of the chronic disease burden (WHO 2006) as well as the greatest disability burden from the 17 known NTDs.
- Lymphatic Filariasis, one of the NTDs, is the single leading cause of disability worldwide (Molyneux and Zagaria 2002). Following infection, an estimated 40 million people live with chronic disability.
- Many of the impairments (morbidity), secondary complications and disability produced by NTDs can be prevented by early identification of problems followed by appropriate actions including referral as needed (Brantus 2009; Zeldenryk, Gordon et al. 2012).
- Addressing morbidity and disability is a necessary part of a continuum of prevention, care and treatment for individuals suffering from the consequences of disabling diseases and chronic conditions (WHO 2006).
- Morbidity and disability often persist for a lifetime leading to significant hardships for the affected individual, their families, and communities.
- People suffering from chronic health issues must have access to continuing care and may require support throughout their lives to properly manage their disease, and to prevent the progression or worsening of their condition.
- Global collaborative efforts to eliminate NTDs over the past decade have focused almost exclusively on preventive chemotherapy through mass drug administration (MDA) while scaling-up interventions for NTD-related morbidity and disability lag far behind (Streit and LaFontant 2008).
- Research shows the positive synergistic effect of community-based health education and basic care on efforts to prevent and control NTDs (Cantey, Rout et al. 2010).
- Basic care at the community level is strikingly similar across diseases (Geyer 2008; Brantus 2009) These common issues provide opportunities for collaboration among stakeholders with technical expertise and experience in morbidity management and disability prevention (MMDP).
- The time is NOW for collaboration among stakeholders to reduce the global disease and disability burden through integrated management of morbidity and disability prevention.
- Collaboration is being promoted within the MMDP global community by sharing all forms of related materials through Resources in Integrated Care for Morbidity Management and Disability Prevention, <http://www.riic4mmdp.org>.

References

- Brantus, P. (2009). "Ten years of managing the clinical manifestations and disabilities of lymphatic filariasis." *Ann Trop Med and Parasitology* 103(S-1): 5-11.
- Cantey, P., J. Rout, et al. (2010). "Increasing compliance with mass drug administration programs for lymphatic filariasis in India through education and lymphedema management programs." *PLoS Negl Trop Dis* 4(6): e728.
- Geyer, M. (2008). "Focus on Footwear: An International Workshop on Integrated Treatment for Elephantiasis, Leprosy and the Diabetic Foot." *HPA Resources: Journal of the APTA Section on Health Policy and Administration* (December).

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Metadata Policy

for information describing items in the repository

1. Anyone may access the metadata free of charge.
2. The metadata may be re-used in any medium without prior permission for not-for-profit purposes and re-sold commercially provided the OAI Identifier or a link to the original metadata record are given.

Data Policy

for full-text and other full data items

1. Anyone may access full items free of charge.
2. No full-item re-use policy defined. Assume no rights at all have been granted.

Content Policy

for types of document & data set held

1. This is a multi-institution subject-based repository.
2. No content policy defined.
3. For more information, please see webpage: <http://archive4limbcare.org/policy.html>

Submission Policy





concerning depositors, quality & copyright

1. Items may only be deposited by accredited members of the subject community, or their delegated agents.
2. Authors may only submit their own work for archiving.
3. Eligible depositors must deposit bibliographic metadata for all their publications.
4. The administrator only vets items for relevance to the scope of RIIC-4MMDP, and the exclusion of spam.
5. The validity and authenticity of the content of submissions is the sole responsibility of the depositor.
6. No embargo policy defined.
7. Any copyright violations are entirely the responsibility of the authors/depositors.
8. If RIIC-4MMDP receives proof of copyright violation, the relevant item will be removed immediately.
9. For more information see webpage: <http://archive4limbcare.org/policy.html>

Preservation Policy

1. Items will be retained indefinitely.
2. RIIC-4MMDP will try to ensure continued readability and accessibility.
 - It may not be possible to guarantee the readability of some unusual file formats.
3. RIIC-4MMDP regularly backs up its files according to current best practice.

4. Items may not normally be removed from RIIC-4MMDP.
5. Acceptable reasons for withdrawal include:
 - Proven copyright violation or plagiarism
 - Legal requirements and proven violations
 - National Security
 - Falsified research
6. Withdrawn items are not deleted *per se*, but are removed from public view.
7. Withdrawn items' identifiers/URLs are retained indefinitely.
8. URLs will continue to point to 'tombstone' citations, to avoid broken links and to retain item histories.
9. *Errata* and *corrigenda* lists may be included with the original record if required.
10. If necessary, an updated version may be deposited.
11. No closure policy defined.

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